

SOUTH MILWAUKEE AQUATIC CLUB



We offer one of the finest competitive swim programs in the area, with multiple training levels of instruction from the Novice swimmer through the Senior level swimmer. The South Milwaukee Aquatic Club teaches and enhances the skills and techniques for competitive swimming.

Any swimmer who can complete one length of the pool (25 yards) is encouraged to join. Swimmers will be put into various age groups and may not be expected to stay the entire time frame, or they may not be scheduled for all 4 days of the practice during the week.

Important informational meeting for parents and swimmers in the Middle School MPR on April 3, 6:00 pm- Swimmers should bring their own practice suit, goggles, and swim cap.

If you have questions about the Club or need registration information, contact the Recreation Department at (414) 766-5081. Head Coach: Kasia Brzezicka

SMAC SPRING SESSION

April 3 - June 1 *no class April 17, 18, 20; May 8, 29*

Monday-Tuesday-Thursday 6:00-8:00 pm

Priority Registration

On or Before April 3 \$84R/\$94NR Activity Code SW201.206

After April 3 \$94R/\$104NR Activity Code SW201.206

An additional cost may be needed for a team suit and cap.



REGISTRATION FORM

South Milwaukee Recreation Dept.; 901 15th Avenue
South Milwaukee, WI 53172; 414-766-5081 or 414-766-5082
www.smrecdept.org



PART 1 - FAMILY INFORMATION (please print clearly)

Family Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Ph:(____)-____-____ Business Ph:(____)-____-____ Cell Ph:(____)-____-____

E-mail address: _____

PART 2 - SIGN THE WAIVER/RELEASE

I, the undersigned, do hereby agree to allow the individual named herein to participate in the activities indicated. I am aware and understand there may be potential risk inherent with participation in any recreation activity, and that the School District of South Milwaukee does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs. I further understand the eligibility requirements for the program as stated in the department brochure or flyers and that there is no transfer of fees allowed or refunds given unless the department changes a class. I also agree to allow publication of any photos taken of me or the participant(s) at any program, event, or facility of the South Milwaukee Recreation Department.

Participant/Parent/Guardian Signature

Date

PART 3 - PARTICIPANT INFORMATION

| Participant Name | M/F | DOB | Grade | Activity Name | Activity Code | Fee |
|------------------|-----|-----|-------|---------------|---------------|-----|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Special Information (i.e. medical, physical, allergies): _____

Payment TOTAL FEES: \$ _____

Check # _____

Cash _____

PART 4 - MAIL-IN REGISTRATION FORM TO THE RECREATION DEPARTMENT

Mark your calendars! We do not send confirmations. The Recreation Department will contact you in case a class is full, or if there is a waiting list for the program for which you registered. You may assume your registration has been processed as requested unless you hear from us. Thank you for taking the time to register.

If you are signing up for a program that involves youth games, matches or meets, you must submit the CONCUSSION PARENT/ATHLETE AGREEMENT FORM at the time of registration. Concussion information and agreement form is available at the recreation dept. or online at www.smrecdept.org

Register Early

PARENT/ATHLETE CONCUSSION FORM

South Milwaukee Recreation Department

Return this form to The Recreation Department.

School year: 2016-17

Call us at 414-766-5081

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

SIGNS AND SYMPTOMS OF CONCUSSION

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he must be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.

Symptoms Reported by Athletes

Headaches or “pressure” in the head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to noise or light
Feeling sluggish, hazy, foggy or groggy
Concentration or memory problems
Confusion
Just not “feeling right”

Signs Observed by Parents/others

Appears dazed or stunned
Is confused about assignment or position
Forgets an instruction
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Mood, behavior, or personality changes
Can't recall events prior to hit or fall
Can't recall events after hit or fall

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

PARENT/GUARDIAN AGREEMENT STATEMENT

I have read and fully understand this information sheet regarding concussions and I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from any program activity until such time that a trained medical professional can examine him/her and approve their return to play in the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for my child to return to play in the activity.

NAME OF PARENT OR LEGAL GUARDIAN (please print) _____ DATE _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

ATHLETE AGREEMENT STATEMENT

I have read and fully understand this information sheet regarding concussions and I agree that if it appears that I may have sustained a concussion or head injury that I am to be removed from any program activity until such time that a trained medical professional can examine me and approve my return to play in the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for me to return to play in the activity.

NAME OF ATHLETE (please print) _____ DATE _____

SIGNATURE OF ATHLETE: _____ DATE _____